

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED Hector Linarez-Delgado		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 03-130		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. Linarez-Delgado		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) MA					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 28:25255 Habeas Motion					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Jean deSales Barrett Ruhnik + Barrett 47 Park St, Montclair NJ 07042 Telephone Number: (973) 746-1874			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Atty. <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: 6/17/2008 <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer, or By Order of the Court [Signature] 4/14/08 Date of Order _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW																														
In Court	15. a. Arraignment and/or Plea																																			
	b. Bail and Detention Hearings																																			
	c. Motion Hearings																																			
	d. Trial																																			
	e. Sentencing Hearings																																			
	f. Revocation Hearings																																			
	g. Appeals Court																																			
	h. Other (Specify on additional sheets)																																			
Out of Court	16. a. Interviews and Conferences																																			
	b. Obtaining and reviewing records																																			
	c. Legal research and brief writing																																			
	d. Travel time																																			
	e. Investigative and other work (Specify on additional sheets)																																			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)																																				
18. Other Expenses (other than expert, transcripts, etc.)																																				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																															
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td>27. TOT. AMT. APPR./CERT.</td> </tr> <tr> <td colspan="4">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> </tr> <tr> <td colspan="4"></td> <td>28a. JUDGE/MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td>33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="4">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> </tr> <tr> <td colspan="4"></td> <td>34a. JUDGE CODE</td> </tr> </table>							23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.	28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE					28a. JUDGE/MAG. JUDGE CODE	29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE					34a. JUDGE CODE
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